Disaster Health Services Procedures in COVID-19 Congregate Shelters

Purpose

This job tool provides guidance for Disaster Health Services responders working in a congregate shelter in a COVID-19 environment.

Planning Assumptions

- All individuals entering the shelter have been screened by having their temperature taken and responding to screening questions.
- Individuals with a temperature of greater than 99.5°F or those answering "yes" to Red Cross COVID-19 screening questions are referred to an isolation care area for evaluation by Disaster Health Services.
- All individuals entering the shelter have answered Red Cross questions regarding COVID-19 symptoms and exposure.
- Ongoing screening is taking place for shelter clients.
- Shelters house 50 clients or fewer.
- Assume 20 percent of clients will be exhibiting signs and symptoms of COVID-19.
- COVID-positive clients will be mildly ill. (If clients or members of the workforce exhibit signs of shortness of breath, difficulty breathing, or distress: <u>Call 911</u>)

Audience

| Required | Recommended | | |
|---|---|--|--|
| All Disaster Health Services Responders | Regional Disaster Leadership | | |
| Members of Deployed COVID Shelter Teams | Division Disaster Leadership | | |
| | Disaster Health Services leads at the divisions and regions | | |

Isolation Care Area Procedures

Disaster Health Services Team

The Disaster Health Services team in a COVID-19 shelter consists of:

- 3 Disaster Health Services responders per shift:
 - 1 Registered Nurse per shift is preferred.
 - 1 Disaster Health Services responder remains near the entrance of the isolation care area at all times.
 - All Disaster Health Services responders support Staff Health.

Opening the Isolation Care Area in a Shelter

- 1 Disaster Health Services responders identify isolation care area with Shelter Manager:
 - Ideally, this room has a closing door and windows to observe clients.
 - This room should have a dedicated restroom.
 - Ideal size is 1100 square feet (approximately 24 feet x 48 feet)
- 2 Identify area where workers can don their personal protective equipment (PPE).
 - Stock supplies of personal protective equipment.
 - Add a table and paper bags for workers' personal possessions.
- 3 Identify area where workers can doff their personal protective equipment.
 - Post signage and add two chairs.
 - Add trash can and black trash bags for disposal of PPE.
- 4 Set up isolation care area (with assistance of COVID Shelter Team):
 - Set medical cots 6 feet apart on all sides. Cots should be placed in a head-to-toe configuration and one end of the cot may be against the wall.
 - Number cots 1-10 by taping a paper sign on each cot or on the wall.
 - Place a chair by each cot.
 - Use privacy screening between cots if available.
 - Post signage outside and inside isolation care area:
 - Isolation Care Area Authorized Disaster Health Services Staff Only
 - Place a face mask, tissue pack, 2 blankets, bottled water, snack. on cot.
 - Place hand washing stations at entrance to the isolation care area, restroom area, and 2 additional locations in the isolation care area.
 - Set up 2 to 4 tables for equipment needs in the isolation care area.
 - If possible, provide entertainment equipment such as a TV or radio where clients can view from their cot.

Equipment Needed for Isolation Care Area

Note: Attempt to secure as much disposable equipment as possible.

- 2 disposable stethoscopes
- 5 disposable blood pressure cuffs
- Pulse oximeter
- Lysol spray or bleach solution spray
- Rolls of paper towels
- Boxes of alcohol wipes
- · Boxes of face masks
- : 2 per person/day Glucometer and strips
- I liquid crystal temperature strip per client.
- DHS Client Health Record forms

- DHS Aggregate Morbidity Report forms
- Disposable pens for use in the isolation care area only
- Privacy screens between cots if available
- Dedicated Red Cross computer for use in isolation care area only
 - o May be utilized by clients and responders
- Dedicated Red Cross cell phone for use in isolation care area only
- · Biohazard waste bags with container and lid
- Trash can with disposable bags
- Individual wash cloth and towel per client
 - o These should be disposed of when client leaves the isolation care area.
- Locking office file box to store Client Health Records

Caring for Clients in the Isolation Care Area

Maintain 6-foot distance from clients as much as practicable.

| 1 | Before beginning client screening: | | | | | | |
|---|--|--|--|--|--|--|--|
| ' | | | | | | | |
| | Wash hands Don personal protective equipment, including gown, non-latex nitrile gloves, N-95 mask, goggles, and face shield or eye protection See Donning and Removing Personal Protective Equipment See CDC Guidance on N95 Masks https://intranet.redcross.org/content/redcross/categories/our_services/disaster-cycle-services/dcs-capabilities/individual_clientservices/health-services-toolkit.html | | | | | | |
| 2 | Enter the isolation care area. | | | | | | |
| 3 | If a client is coughing, sneezing, or has a runny nose, request that the client put on a face mask. Children may not be able to wear face masks. | | | | | | |
| 4 | Instruct client to enter room and move to assigned cot. | | | | | | |
| 5 | Initiate Cot-to-Cot and interview clients. (See <i>Disaster Health Services Standards and Procedures</i> for Cot-to-Cot details.) | | | | | | |
| 6 | Disaster Health Services interactions with clients in isolation care area should include: | | | | | | |
| | New Clients | Regularly with Clients in Isolation Care Area | | | | | |
| | Take temperature and document temperature and other | Assess symptoms and client | | | | | |

- Conduct physical assessment as necessary. Document findings on client health record.
- Conduct C-MIST interview from the <u>DHS Aggregate Morbidity</u> <u>Report</u>. Develop plan for providing needed assistance.
- If clients cough, instruct them to cough into a tissue and dispose of tissue promptly in trash container.
- Provide clients with information regarding the impact of the disaster event and when they might be able to return home as updates become available.
- Instruct client to be diligent about maintaining social distance of 6 feet from other clients.
- Instruct parents/guardians to assist children to maintain 6 ft. Away from other clients in the isolation care area.
- Instruct client regarding shelter rules:
 - o Clients remain in the isolation care area.
 - Should a client refuse to remain in the isolation care area, they may be considered to be in violation of shelter rules.
 Discuss this with Shelter Manager and notify local Public Health Dept.
 - Communication between isolation care area clients and family is facilitated using cell phones.
 - Visitors are not permitted in isolation care area, except for Public Health officials and law enforcement in full PPE.
 - Meals are delivered to the isolation care area at the entrance and delivered by Disaster Health Services staff in PPE.
- Instruct client to notify isolation care area staff if they need any assistance, feel sicker, or become short of breath.
- Observe client's psycho-social interactions and refer to virtual Disaster Mental Health, as appropriate.
- Put Client Health Record in isolation care area in a secured location or locked box.

- Meals: Disaster Health
 Services staff wearing PPE
 deliver meals to clients in the
 isolation care area.
- Note: Only Disaster Health Services staff wearing PPE enters the isolation care area.
- If client condition worsens, contact 911.

7 When exiting the isolation care area:

- Doff personal protective equipment per signage instructions.
- Dispose of personal protective equipment in biohazard trash can in the doffing area at end of shift.
 - N95 masks may be stored in individually labeled brown paper bags for reuse during shift. Use caution when handling or touching mask, as the outside may be contaminated.
 - Gowns may be folded in a manner that the outside of the garment is covered to allow for reuse during shift. Discard soiled gowns in a biohazard waste container.
- Wash hands for 20 seconds.

Disaster Health Services Actions Outside the Isolation Care Area

Disaster Health Services responders not actively working in the isolation care area should initiate Cot-to-Cot and C-MIST interviews in the dormitory with social distancing in place. Planning assumption: 16.5 family units.

Provide needed assistance as outlined in the Disaster Health Services Standards & Procedures.

- Disaster Health Services responders provide liquid gel temperature strip to each client for use twice daily for all clients and request that clients report any temperature >99.5°F.
- Ask any client who develops a temperature of 99.5°F or higher and/or is coughing, sneezing, or complaining of a sore throat to relocate to the isolation care area for monitoring.
- Disaster Health Services responder assists all Red Cross workforce in self-monitoring temperatures twice per shift, in addition to screening temperatures required to enter the shelter facility.
 - If Red Cross responder reports a temperature >99.5°F, refer to guidance in COVID-19 Workforce Health Screening on Disaster Relief Operations Job Tool.
- Observe client's psycho-social interactions and refer to virtual Disaster Mental Health as appropriate.

Reference

CDC: Coronavirus Disease 2019 (COVID-19). *Alternate Care Sites and Isolation Sites*. https://www.cdc.gov/coronavirus/2019-ncov/hcp/alternative-care-sites.html (March 25, 2020)

SEQUENCE FOR PUTTING ON PERSONAL PROTECTIVE EQUIPMENT (PPE)

The type of PPE used will vary based on the level of precautions required, such as standard and contact, droplet or airborne infection isolation precautions. The procedure for putting on and removing PPE should be tailored to the specific type of PPE.

1. GOWN

- Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back
- · Fasten in back of neck and waist



2. MASK OR RESPIRATOR

- Secure ties or elastic bands at middle of head and neck
- · Fit flexible band to nose bridge
- · Fit snug to face and below chin
- · Fit-check respirator





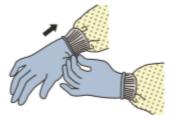
3. GOGGLES OR FACE SHIELD

· Place over face and eyes and adjust to fit



4. GLOVES

· Extend to cover wrist of isolation gown



USE SAFE WORK PRACTICES TO PROTECT YOURSELF AND LIMIT THE SPREAD OF CONTAMINATION

- · Keep hands away from face
- · Limit surfaces touched
- · Change gloves when torn or heavily contaminated
- · Perform hand hygiene



HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) **EXAMPLE 1**

There are a variety of ways to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Here is one example. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GLOVES

- · Outside of gloves are contaminated!
- · If your hands get contaminated during glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Using a gloved hand, grasp the palm area of the other gloved hand and peel off first glove
- Hold removed glove in gloved hand
- . Slide fingers of ungloved hand under remaining glove at wrist and peel off second glove over first glove
- · Discard gloves in a waste container



- · Outside of goggles or face shield are contaminated!
- · If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band or ear pieces
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. GOWN

- · Gown front and sleeves are contaminated!
- · If your hands get contaminated during gown removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Unfasten gown ties, taking care that sleeves don't contact your body when reaching for ties
- Pull gown away from neck and shoulders, touching inside of gown only
- · Turn gown inside out
- · Fold or roll into a bundle and discard in a waste container

4. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front

ALL PPE



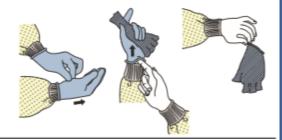






PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE





HOW TO SAFELY REMOVE PERSONAL PROTECTIVE EQUIPMENT (PPE) EXAMPLE 2

Here is another way to safely remove PPE without contaminating your clothing, skin, or mucous membranes with potentially infectious materials. Remove all PPE before exiting the patient room except a respirator, if worn. Remove the respirator after leaving the patient room and closing the door. Remove PPE in the following sequence:

1. GOWN AND GLOVES

- Gown front and sleeves and the outside of gloves are contaminated!
- If your hands get contaminated during gown or glove removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp the gown in the front and pull away from your body so that the ties break, touching outside of gown only with gloved hands
- While removing the gown, fold or roll the gown inside-out into a bundle
- As you are removing the gown, peel off your gloves at the same time, only touching the inside of the gloves and gown with your bare hands. Place the gown and gloves into a waste container



2. GOGGLES OR FACE SHIELD

- · Outside of goggles or face shield are contaminated!
- If your hands get contaminated during goggle or face shield removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Remove goggles or face shield from the back by lifting head band and without touching the front of the goggles or face shield
- If the item is reusable, place in designated receptacle for reprocessing. Otherwise, discard in a waste container



3. MASK OR RESPIRATOR

- Front of mask/respirator is contaminated DO NOT TOUCH!
- If your hands get contaminated during mask/respirator removal, immediately wash your hands or use an alcohol-based hand sanitizer
- Grasp bottom ties or elastics of the mask/respirator, then the ones at the top, and remove without touching the front
- . Discard in a waste container





4. WASH HANDS OR USE AN ALCOHOL-BASED HAND SANITIZER IMMEDIATELY AFTER REMOVING ALL PPE



PERFORM HAND HYGIENE BETWEEN STEPS IF HANDS BECOME CONTAMINATED AND IMMEDIATELY AFTER REMOVING ALL PPE



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How to Properly Put on and Take off a Disposable Respirator

WASH YOUR HANDS THOROUGHLY BEFORE PUTTING ON AND TAKING OFF THE RESPIRATOR.

If you have used a respirator before that fit you, use the same make, model and size.

Inspect the respirator for damage. If your respirator appears damaged, DO NOT USE IT. Replace it with a new one.

Do not allow facial hair, hair, jewelry, glasses, clothing, or anything else to prevent proper placement or come between your face and the respirator. Follow the instructions that come with your respirator.

Putting On The Respirator



Position the respirator in your hands with the nose piece at your fingertips.



Cup the respirator in your hand allowing the headbands to hang below your hand. Hold the respirator under your chin with the nosepiece up.



The top strap (on single or double strap respirators) goes over and rests at the top back of your head. The bottom strap is positioned around the neck and below the ears. Do not crisscross straps.



Place your fingertips from both hands at the top of the metal nose clip (if present). Slide fingertips down both sides of the metal strip to mold the nose area to the shape of your nose.

Checking Your Seal²



Place both hands over the respirator, take a quick breath in to check whether the respirator seals tightly to the face.



Place both hands completely over the respirator and exhale. If you feel leakage, there is not a proper seal.



If air leaks around the nose, readjust the nosepiece as described. If air leaks at the mask edges, re-adjust the straps along the sides of your head until a proper seal is achieved.



If you cannot achieve a proper seal due to air leakage, ask for help or try a different size or model.

Removing Your Respirator



DO NOT TOUCH the front of the respirator! It may be contaminated!



Remove by pulling the bottom strap over back of head, followed by the top strap, without touching the respirator.



Discard in waste container. WASH YOUR HANDS!

Employers must comply with the OSHA Respiratory Protection Standard, 29 CFR 1910.134 if respirators are used by employees performing work-related duties.

- 1 Manufacturer instructions for many NIOSH approved disposable respirators can be found at www.cdc.gov/niosh/npptl/topics/respirators/disp_part/
- 2 According to the manufacturer's recommendations

For more information call 1-800-CDC-INFO or go to http://www.cdc.gov/niosh/npptl/topics/respirators/







COVID-19 Fever and Symptom Log for Clients:

| Day | Date | Time | Temperature |
|-----|-----------------|------|-------------|
| 1 | | AM | °F |
| 2 | | AM | °F °F |
| 3 | | AM | °F |
| 4 | | AM | °F °F |
| 5 | /_ MONTH DAY | AM | °F °F |
| 6 | /_ MONTH DAY | AM | °F °F |
| 7 | | AM | °F °F |
| 8 | / MONTH DAY | AM | °F |

| Symptom Monitoring | | | | | | |
|--------------------|-------|------|------------------|-------------|-------|------|
| Fever | □ Yes | □ No | | Difficulty- | | |
| Cough | □ Yes | □ No | Breathing | | | |
| Sore Throat | □ Yes | □ No | 1 | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | 1 | Muscle- | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | 1 | Ache | | |
| Fever | □ Yes | □ No | | Difficulty- | □ Yes | □ No |
| Cough | □ Yes | □ No | 1 | Breathing | | |
| Sore Throat | □ Yes | □ No | 1 | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | 1 | Muscle- | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | 1 | Ache | | |
| Fever | □ Yes | □ No | | Difficulty- | □ Yes | □ No |
| Cough | □ Yes | □ No | 1 | Breathing | | |
| Sore Throat | □ Yes | □ No | | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | 1 | Muscle- | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | 1 | Ache | | |
| Fever | □ Yes | □ No | | Difficulty- | □ Yes | □ No |
| Cough | □ Yes | □ No | | Breathing | | |
| Sore Throat | □ Yes | □ No | 1 | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | 1 | Muscle- | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | | Ache | | |
| Fever | □ Yes | □ No | | Difficulty- | □ Yes | □ No |
| Cough | □ Yes | □ No | | Breathing | | |
| Sore Throat | □ Yes | □ No | | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | | Muscle- | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | | Ache | | |
| Fever | □ Yes | □ No | | Difficulty- | □ Yes | □ No |
| Cough | □ Yes | □ No | | Breathing | | |
| Sore Throat | □ Yes | □ No | | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | | Muscle- | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | | Ache | | |
| Fever | □ Yes | □ No | | Difficulty- | □ Yes | □ No |
| Cough | □ Yes | □ No | | Breathing | | |
| Sore Throat | □ Yes | □ No | | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | Muscle - Ache | | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | | | | |
| Fever | □ Yes | □ No | Difficulty- | | □ Yes | □ No |
| Cough | □ Yes | □ No | | Breathing | | |
| Sore Throat | □ Yes | □ No | | Headache | □ Yes | □ No |
| Vomiting | □ Yes | □ No | | Muscle- | □ Yes | □ No |
| Diarrhea | □ Yes | □ No | | Ache | | |

| Day | Date | Time | Temperature | Symptom Monitoring | | | | |
|-----|-----------|------|-------------|--------------------|------------|-------------|-------|------|
| | | | | Fever | □ Yes □ No | Difficulty- | □ Yes | □ No |
| | | AM | °F | Cough | □ Yes □ No | Breathing | | |
| 9 | / | | | Sore Throat | □ Yes □ No | Headache | □ Yes | □ No |
| | MONTH DAY | PM | °F | Vomiting | □ Yes □ No | Muscle- | □ Yes | □ No |
| | | | | Diarrhea | □ Yes □ No | Ache | | |
| | | | | Fever | □ Yes □ No | Difficulty- | □ Yes | □ No |
| | | AM | °F | Cough | □ Yes □ No | Breathing | | |
| 10 | / | | | Sore Throat | □ Yes □ No | Headache | □ Yes | □ No |
| | MONTH DAY | PM | °F | Vomiting | □ Yes □ No | Muscle- | □ Yes | □ No |
| | | | | Diarrhea | □ Yes □ No | Ache | | |
| | | | | Fever | □ Yes □ No | Difficulty- | □ Yes | □ No |
| | | AM | °F | Cough | □ Yes □ No | Breathing | | |
| 11 | / | | | Sore Throat | □ Yes □ No | Headache | □ Yes | □ No |
| | MONTH DAY | PM | °F | Vomiting | □ Yes □ No | Muscle- | □ Yes | □ No |
| | | | | Diarrhea | □ Yes □ No | Ache | | |
| | | | | Fever | □ Yes □ No | Difficulty- | □ Yes | □ No |
| | | AM | am °F | Cough | □ Yes □ No | Breathing | | |
| 12 | / | | | Sore Throat | □ Yes □ No | Headache | □ Yes | □ No |
| | MONTH DAY | PM | °F | Vomiting | □ Yes □ No | Muscle- | □ Yes | □ No |
| | | | Diarrhea | □ Yes □ No | Ache | | | |
| | | | | Fever | □ Yes □ No | Difficulty- | □ Yes | □ No |
| | | AM | °F | Cough | □ Yes □ No | Breathing | | |
| 13 | / | | | Sore Throat | □ Yes □ No | Headache | □ Yes | □ No |
| | MONTH DAY | PM | °F | Vomiting | □ Yes □ No | Muscle- | □ Yes | □ No |
| | | | | Diarrhea | □ Yes □ No | Ache | | |
| | | | | Fever | □ Yes □ No | Difficulty- | □ Yes | □ No |
| | | | °F | Cough | □ Yes □ No | Breathing | | |
| 14 | / | AM | r | Sore Throat | □ Yes □ No | Headache | □ Yes | |
| | MONTH DAY | PM | °F | Vomiting | □ Yes □ No | Muscle- | □ Yes | □ No |
| | | | | Diarrhea | □ Yes □ No | Ache | | |
| | | | | Diarrhea | □ Yes □ No | | | |
| | | | | Diarrhea | □ Yes □ No | | | |

| (1) | Name: | Age (yrs): | Sex: M F | |
|-----|---|----------------|-----------------------|-------------------|
| (2) | Street address: | City, State: | | Telephone number: |
| | | | | |
| (3) | Exposure Level (High or Medium) | Furloughed fro | m work? | |
| (4) | Case ID number (from contact listing form): | Contact number | (from contact listing | form): |
| (5) | Facility where the contact occurred case occur: Date of last contact with the case (mm/dd/yyyy): | | | |